

shown time and time again they are willing to force needless procedural votes on nominees they actually support in order to waste the Senate's time—and presumably with the simultaneous goal of impeding the President's ability to make almost any appointments at all. If this trend continues, it will take us more than 11 years to confirm the remaining Presidential appointments. Let me repeat that. More than 11 years. A Presidential term lasts 4 years.

The level of obstruction exhibited by Senate Democrats on these nominees is simply breathtaking. It is often leaving key Departments without the senior leadership needed to guide our country through the various challenges we face. It needs to stop.

The Senate needs to confirm Mr. Shanahan quickly, and we need to do that for the sake of our national security. And our colleagues need to stop this immediately, for the sake of the country.

HEALTHCARE LEGISLATION

Mr. MCCONNELL. Mr. President, ObamaCare has been hurting the people we represent for many years now. That is why the Senate has been working hard to move beyond its failures. Costs were supposed to go down under ObamaCare, but they skyrocketed. Premiums have already increased by an average of more than 100 percent on the Federal exchange. Next year, they could rise by as much as 50 percent or more in States as diverse as Georgia, New Mexico, and Maryland.

Look, we need to tackle this problem. The revised discussion draft we released last week contains many different reforms designed to make insurance more affordable and more flexible so it is something Americans actually want to buy. It gives Americans more choices for managing their care. It also takes aim at ObamaCare's taxes that target the middle class and drive up premiums—taxes on everything from health insurance to over-the-counter medication.

Choice was supposed to go up under ObamaCare, but of course it plummeted. Americans living in 70 percent of counties have little to no options for ObamaCare insurance today. Next year, nearly 40 percent fewer insurers have filed to offer plans. Many Americans face the real possibility of having no options at all and could find themselves trapped, forced by law to purchase ObamaCare insurance but left by ObamaCare without any means to do so.

We need to tackle this problem. The revised discussion draft is designed to stabilize the collapsing insurance markets and encourage more insurers to participate. It will transfer many healthcare decisions away from Washington bureaucrats and politicians and put them back with Americans and their doctors. It will also give Americans the freedom to decide their own

healthcare, allowing them to purchase the insurance they actually want, rather than just forcing Americans to buy what ObamaCare is selling.

There are other healthcare problems that need to be tackled as well. We need to strengthen Medicaid, for instance, so it can deliver better care at a better cost today and remain available to future generations tomorrow.

Our legislation contains important reforms to move our country forward in all of these areas. These are the kinds of reforms Americans deserve—not the status quo of ObamaCare, not a multibillion-dollar bandaid, not a piling on of even more ObamaCare, but real, patient-centered reforms that can finally move us beyond the pain of this law. The only way we will get there is with continued hard work. That is just what we intend to do.

MEASURE PLACED ON THE CALENDAR—H.R. 2430

Mr. MCCONNELL. Mr. President, I understand there is a bill at the desk due for a second reading.

The PRESIDING OFFICER. The clerk will read the bill by title for the second time.

The legislative clerk read as follows:

A bill (H.R. 2430) to amend the Federal Food, Drug, and Cosmetic Act to revise and extend the user-fee programs for prescription drugs, medical devices, generic drugs, and biosimilar biological products, and for other purposes.

Mr. MCCONNELL. In order to place the bill on the calendar under the provisions of rule XIV, I object to further proceedings.

The PRESIDING OFFICER. Objection is heard.

The bill will be placed on the calendar.

RESERVATION OF LEADER TIME

The PRESIDING OFFICER. Under the previous order, the leadership time is reserved.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

EXECUTIVE SESSION

EXECUTIVE CALENDAR

The PRESIDING OFFICER. Under the previous order, the Senate will proceed to executive session to resume consideration of the Shanahan nomination, which the clerk will report.

The legislative clerk read the nomination of Patrick M. Shanahan, of Washington, to be Deputy Secretary of Defense.

The PRESIDING OFFICER. The Senator from Texas.

HEALTHCARE LEGISLATION

Mr. CORNYN. Mr. President, on Thursday, after two additional weeks

of consultation and input from Senators, we released an improved version of the bill we call the Better Care Reconciliation Act, which represents our efforts to address the failing status quo of ObamaCare.

We have said all along that even if Hillary Clinton were elected President, we would have to revisit ObamaCare because we have seen in a number of States that insurance companies are fleeing, leaving people with few, if any, options. People in the individual and small group market are seeing their premiums skyrocket 105 percent, nationwide, since 2013 alone—a 105-percent increase in premiums.

For many of these folks, even though they paid the higher additional premium, their deductibles are so high that, effectively, they are being denied the benefit of any insurance whatsoever. I guess, perhaps, it is no surprise that 28 million Americans would simply be willing to pay the fine that goes along with the individual mandate for not buying government-approved health insurance or claim some sort of hardship exemption.

ObamaCare was sold under the premise that, if you like your policy, you can keep your policy, and, if you like your doctor, you can keep your doctor and, oh, by the way, your premiums are going to go down \$2,500, but what people have experienced has been the opposite of that, with premiums going up on average \$3,000.

We simply believe that we have to act to save the millions of people who are being hurt by the status quo. That would be true whether Hillary Clinton were President or Donald Trump were President.

Our first goal in the Better Care Reconciliation Act is to stabilize the insurance markets, to make sure that people actually have an insurance company they can buy from.

Our second goal is to get premiums down. The reasons premiums are not down are mainly twofold. One is that you have younger, healthier people simply forgoing insurance, leaving only sicker, older people in the risk pools. Under adverse selection, that means everybody pays higher premiums when younger, healthier people simply don't purchase the product because they can't be part of that risk pool. The second reason why premiums are so high is the mandates. People are simply being ordered by their own government to buy coverage they don't want or need, which drives up premiums, not to mention the fact that young people are subsidizing older people's health insurance premiums the way that ObamaCare was constructed.

We are going to do everything we can to get the premiums down. The first Congressional Budget Office report said that long term you would see premiums go down by as much as 30 percent by the year 2020, but we want to do even better than that if we can.

The third thing we said we wanted to do was that we wanted to protect people with preexisting conditions. When

people are forced to keep a job they really don't want because they don't want to lose their employer-provided health coverage due to preexisting conditions, we don't want people to be stuck at a job they don't want or be unable to quit their job and look for something else because they are worried about not being covered due to preexisting condition exclusions. We maintain the current status of the law with regard to protecting people with preexisting conditions.

The fourth thing that we try to do in this bill is that we try to take one of the large entitlement programs, Medicaid, which is an important safety net for low-income Americans, and we put it on a sustainable path. There are some people who think you can spend hundreds of billions of dollars more for Medicaid over time and we can continue to deliver those services to the poor people in our country, and we don't need to worry about crowding out defense spending or education or some other priority. We simply cannot do it. What we have done is put it on a responsible growth rate and delegate more of that authority to the States to come up with innovative programs.

Our plan will remove costly mandates and will help provide more options and drive down some of the exorbitant costs. We will soon have a chance to rescue the American people from the failures of the ObamaCare experiment. This is a critical moment for the Senate.

I want to go over a few updates to the discussion draft, perhaps in the hopes that some of my colleagues on both sides of the aisle will realize that, when faced with the choice of our reform plan or the status quo, the choice is clear.

After listening to a number of Senators, we made some important updates. For example, to combat the opioid epidemic that is ravaging the country, our new draft includes an additional \$45 billion for substance abuse and recovery.

As this chart indicates, the number of people with HIV has gone down to 6,400, thanks to innovations and drug therapy, principally. As to car accidents, 37,000 people a year die in the United States as a result of car accidents, but 52,000 people—and growing—lose their lives due to opioid and other drug overdoses.

This is an epidemic that has to be dealt with. The abuse of heroin and prescription painkillers is devastating families and communities all across the country, but, particularly, we hear from our colleagues in Ohio, West Virginia, and Kentucky that this is an urgent and unmet need.

These additional resources will be critical for providers, for advocates, and for families on the front lines of this crisis. As I said, our colleagues from Ohio, West Virginia, New Hampshire, and other places advocated for something called the Comprehensive Addiction and Recovery Act last year,

which we were able to pass to address this crisis, and we passed additional legislation called the 21st Century Cures Act in December, which, again, added additional resources. But this represents the single largest allocation or appropriation of Federal dollars to deal with this crisis than has ever occurred before. I think it is because it is necessary, and I thank our colleagues for bringing this to our attention. This is a shocking statistic, when you think about it—that more people die of drug overdoses in America today than die in car accidents—and we are going to do something about that in this legislation.

We are also introducing a provision that, for the first time, would allow people to use pretax dollars to pay for their insurance premiums. Let's say you paid 25 percent of your income to taxes. If you can use pretax dollars, then, basically, that effectively lowers your out-of-pocket cost if you can use pretax dollars rather than the net of tax.

We expand the use of health savings accounts to give people that ability, which effectively lowers the cost of their premiums, again, and provides them more flexibility in terms of determining how to provide for their healthcare. Some people may decide—and we want to give them the freedom to do so—to say: Maybe, all I need is a hospitalization policy in addition to a health savings account, where I will put pretax dollars in there and save them and use those to pay for doctors' visits.

That is the kind of thing that we have seen in States like Indiana and elsewhere, which have been used very effectively to provide additional choices for consumers and their physicians on how they address their healthcare needs and their costs. As I say, allowing consumers to use pretax dollars to pay for their health insurance premiums will help bridge the coverage gap.

Both the Congressional Budget Office and the Joint Committee on Taxation have affirmed that this will help boost access to healthcare coverage.

Another improvement this latest discussion draft brings forward is more options to buy lower premium plans. Under the Better Care Act, anyone in the individual market is allowed to purchase a lower premium health insurance plan, like the one I mentioned.

While those plans have lower monthly costs with a higher deductible, they will still cover up to three primary care visits a year and, ultimately, limit an individual's out-of-pocket costs. Coupled together with the health savings account, this may well be the most affordable way for people to address their healthcare.

Not everybody is the same. That was part of the problem with ObamaCare. It treated us all like we were widgets and not human beings with unique needs, depending on our family circumstances or our health condition or what part of

the country we lived in. This allows people to personalize and individualize their own healthcare plan.

I think this is great news for otherwise healthy adults previously barred from purchasing these plans under ObamaCare. Young people, whom we need in the insurance pool in order to bring down premiums for everybody else, don't want to have to subsidize older folks' health coverage. They want to pay the freight for their own costs, but this will allow them access to a lower cost plan that will allow them to be covered for an unexpected hospitalization or other catastrophic event.

In addition to this freedom of choice, these plans will now also be eligible for tax credits. In other words, what we provide is a refundable tax credit, which essentially is a check from the Federal Government to the insurance company to pay your health insurance premium.

Under ObamaCare, people enrolled in these sorts of catastrophic plans were prohibited from receiving tax credits like the ones we are offering, even when they met all other eligibility requirements. That doesn't make any sense, and our legislation fixes that.

We have also made several revisions to Medicaid. I might mention that there is a lot of discussion about whether we are cutting Medicaid. I have said before that only in Washington, DC, can you spend more money year after year and be accused of cutting.

Honestly, fairly, what we do is to reduce the rate of growth for Medicaid, this uncapped entitlement program that contributed more than \$20 trillion to the national debt. We put it on a reasonable budget and a rate of growth. Actually, from the beginning until the end, we will see Medicaid spending go up by the Federal government by \$71 billion.

Ultimately, for Medicaid to work more efficiently for the people it is intended to serve—primarily, the children, the blind, the disabled, and the elderly frail—we need to give the States more flexibility to implement Medicaid spending based upon the unique needs of people in their States.

One of the big problems with ObamaCare is that it expanded Medicaid to otherwise healthy adults. We have a better way to deal with that, using the tax credit, the State innovation and stability funds, and something called the 1332 waivers, where the Centers for Medicare and Medicaid Services essentially is giving the States the opportunity to innovate and use the money and the tax credit to come up with something that suits the needs of their population.

Really, what we need to do is to get Medicaid focused again on the most vulnerable populations, which are the disabled, the blind, the frail elderly, and children. To improve the management of vulnerable populations such as this, now States can apply for a waiver

to utilize existing funds as they see fit to improve community-based services that these folks rely on.

Our Medicaid provisions allow the States flexibility to route funds to regions impacted by public health emergencies, which include disastrous weather events like hurricanes. Instead of being applied as a block grant or based on per capita caps, under our legislation, emergency funding will be applied where and when it is needed.

Lastly, under our Medicaid revision, States can add expansion populations under existing block grants if they choose to do so. Medicaid will always be as it has been—a Federal-State shared expense. By allowing States to be flexible in their Medicaid application, we can help them fill the gaps that the mandates under ObamaCare chose to merely gloss over. For example, in Texas, we were not a Medicaid expansion State. So young adults between 100 percent of poverty and 138 percent of poverty will now get access to a tax credit with the innovation and stability funds and these waivers, which will allow them, for the first time, to get access to private health insurance. That is good for them, and I think represents a vast improvement on the status quo—about 600,000 in Texas alone.

Our new draft includes an additional \$70 billion to encourage States and help them implement these new reforms. What I have come to learn is, people don't really trust Washington, DC. Certainly, based on the experience of ObamaCare—this failed experiment where people were promised certain things that ended up not being true and created the problems we now are having to fix—I think people will have a lot more confidence in a plan that lets the Governors and lets the State leaders manage this money and address the healthcare needs of their population by people who are closest to those people rather than out of Washington, DC.

Our bill does that in a dramatic way. It takes that authority and power grabbed by ObamaCare and gives it back to the Governors and the States to manage. Based on the polling I have seen, people certainly have greater confidence in the States and their leadership at the local level to deal with this than they do under ObamaCare. If Governors want to try to come up with unique healthcare products to drive down premiums, cost sharing, or increased funding for health savings accounts, this legislation gives them greater flexibility and gives them additional funding through the Innovation and Stability Fund to do just that.

Many of us have quoted Louis Brandeis, who served on the U.S. Supreme Court, who said: States are the "laboratories of democracy." It is true. You don't see any innovation at the Federal level. It is more like dealing with the Politburo. It is all command and control—central planning, which we know doesn't work very well. The States are the laboratories of democ-

racy. If we give them the freedom to innovate and the resources to do so, I think we can expect our healthcare system to move forward.

Soon we are going to have a critical vote, one that has been 7 years in the making. While our plan is not perfect, it is certainly better than the status quo, which is why we call it the Better Care Act. This is not the end, as Dr. Tom Price, of Health and Human Services, points out. This is just the next step. We know we are going to have other opportunities to address healthcare, most notably in September, when we reauthorize the Children's Health Insurance Program, but this, by any measure, represents an improvement over the status quo.

I think there are some very useful parts of this bill that people will like if they look at it objectively and consider it fairly, but if we don't take up the bill, well, it can't be changed, and millions of Americans will continue to be harmed by the status quo. That is a decision we all have to make when we move to the bill.

Do we have enough confidence that we can make it better or are we simply going to throw our hands up and say, "Well, I give up," before we even start, leaving people with the failure of the status quo?

I would like to encourage our colleagues to work with us to make this legislation better. It is unfortunate that healthcare has become such a polarizing and partisan issue. It doesn't need to be that way, but it started off with ObamaCare, which was passed along purely party lines, creating a situation where there is not bipartisan support for healthcare, generally, which is a real tragedy, given the importance this has to all of us and all of our families. Given the hand we have been dealt, we are going to plow ahead and do the best we can.

I sat down at my computer this morning, and I started to write a list of things I liked about the Better Care Act that perhaps most people haven't heard much about. No. 1, it repeals the individual mandate. This is the fine that has been imposed on people for not buying government-approved health insurance. It repeals the job-killing employer mandate. This bill will lower premiums, repeal burdensome taxes, and restore choices. It will help stabilize insurance markets and protect people with preexisting conditions. It will allow people to use pretax dollars to pay for their healthcare costs, including insurance premiums. It provides substantial resources to fight opioid and other substance abuse. It provides better quality coverage to low-income Americans that will improve medical outcomes for low-income Americans, and it puts Medicaid on a sustainable path.

I would like to encourage all of our colleagues to work with us to help make this legislation even stronger. Everybody will be able to offer an amendment and get a vote on the

amendment when this bill comes to the floor. I believe the alternative is a disaster for our country, and we simply can't afford to let it stand.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Florida.

Mr. NELSON. Mr. President, I came to speak on a different subject and will not speak at length about the healthcare bill because this Senator has spoken on a number of occasions about the healthcare bill. Suffice it to say, in light of what the majority whip has just said; that if we really did want to seek a bipartisan solution to the healthcare situation in expanding healthcare for as many people as we possibly can, then what we do, in a bipartisan way, is start saying: We have a current law. Let's fix what needs fixing.

This Senator can say there are a number of discussions going on between Democratic Senators and Republican Senators about doing just that—about such items as a reinsurance fund to ensure companies against catastrophe, the likes of which, in a proposal this Senator has filed, has been costed out. In my State of Florida, it would reduce insurance premiums for health insurance 13 percent. Ideas like that—in a bipartisan way—will solve and bring stability to the marketplace. That is why insurance companies, in fact, are being vigorous in their opposition to the Senator CRUZ part of the bill that basically destabilizes the market by taking all of the older and sicker people and putting them in one pot and putting the younger and healthier people in another pot, which is exactly the opposite of what the principle of insurance is. The principle of insurance is, you spread the risk over as many people as you can and thereby can bring down the per-unit cost.

If we really wanted to fix it in a bipartisan way, we would be able to, but still, as you can see, there is not the appetite for that in this highly polarized, highly ideological, and highly partisan atmosphere we find ourselves in on this particular topic.

PROTECTING THE SCIENTIFIC COMMUNITY

Mr. President, this Senator came here to talk about another thing that is equally disturbing because there is a blatant, coordinated effort by some elected officials to muzzle the scientific community. When you start muzzling scientists, you don't come up with the facts, and you don't come up with the truth. What is being presented as facts doesn't really match the truth, and certainly the rhetoric doesn't match what is happening.

For example, just last month in the State of Florida, the Florida Legislature passed, and the Governor signed into law, a bill that allows any resident of the State—regardless of whether they have a student in school—any resident can challenge what is being taught in the public schools. So if a single resident objects to a certain subject that students are being taught

having to do with science, a subject such as what is happening in the climate and the changes; the fact that the Sun's rays come in and reflect off the Earth and go back—reflect out and radiate the heat back into space—but when you start putting what are known as greenhouse gases, such as carbon dioxide and methane, up there, they suddenly act as a ceiling, a greenhouse gas ceiling having a greenhouse effect, trapping the heat and causing the Earth to heat up. Two-thirds of the Earth is covered with water. Most of that heat is absorbed in the oceans. What happens to water when it is heated? It expands. That is a fact. Sea level rise in South Florida is a fact. It is a measurement over the last 40 years. The seas have risen 8 inches in South Florida. That is a fact, but if there are some who object to that climate science, then under this new law just signed by the Governor, they are going to be able to object to that subject being taught in our public schools. A single hearing officer will determine—Lord only knows whom that officer is appointed by—that single person will determine, under the new law, if the objection is justified. They can force a local public school to remove the subject from its curriculum.

Does that sound a little bit strange? Does that sound a little bit scary? It seems like this is the most brazen attack on science we have seen in a long time. It is a blatant attempt to cover up the truth. Instead of accepting the fact that the seas are rising and what is going to be a very real threat—and already is to a coastline like Florida's—they want to literally rip the subject right out of our children's textbooks, while at the same time silencing the teachers and the scientists. I don't think we can sit back and allow our public schools to become political battlegrounds, and we shouldn't allow politicians to silence our teachers and scientists just because they don't happen to like that part of the science.

While this bill was just enacted in Florida, it may be one of the most egregious examples of hiding the truth. Unfortunately, I am sad to report, it is not the only one. In fact, in 2015, Florida's Governor went so far as to reportedly ban State officials from even using the term "climate change" in their reports. Doesn't that sound like muzzling? Yet the effect of sea level rise is still painfully evident in South Florida. What about the water washing over the curbs on Miami Beach at the seasonal high tide? What about the water that is coming over the streets in the Las Olas section of Fort Lauderdale at the seasonal high tide?

In just a month, the new head of the U.S. Environmental Protection Agency fired several members of the Board of Scientific Counselors—the very people responsible for overseeing the Agency's science and research programs. These were scientists at the top of their fields working on behalf of the American people, and suddenly, in one fell swoop,

the new head of the EPA fired them all and wants to replace them with—you guessed it—industry representatives, scientists from the very industries that the EPA is supposed to monitor and oversee. If this is not what completes the picture of putting the fox in charge of the henhouse, I don't know what is.

The henhouse is not just climate science, but it includes basic research in all fields, including healthcare—NIH. By the way, thank goodness we have a head of NIH who is a guy who broke the code on the human genome, Dr. Collins. It includes the fields of astronomy—how about NASA—and it includes the origin of the universe—quantum physics in multiple agencies.

This disturbing trend of hiding the truth if it doesn't match their rhetoric is a trend that is spreading across all levels of government. If information can't be removed from the public domain altogether, then guess what they try to do: They try to discredit it.

For example, look at what has been done now in an effort to pass this disastrous Republican healthcare bill. Instead of—as I have just made comments preparatory to this science subject—trying to work together on a bipartisan bill aimed at improving our Nation's healthcare system, some on the other side of the aisle have resorted to attacking whom? Attacking the nonpartisan Congressional Budget Office after it said that the bill will take healthcare coverage away from tens of millions of people.

The nonpartisan CBO is just that; it is nonpartisan. It is responsible for estimating the costs and effects of nearly every bill that Congress considers. Yet suddenly, when the conclusions of CBO don't match the rhetoric coming from one side, they turn their attacks on the scientists and the mathematicians who release the findings.

Listen to these quotes:

"I have a lot of questions about the accuracy of the CBO," one of our Republican colleagues said here in the Senate.

CBO's time has "come and gone," the White House Budget Director said earlier this year.

"We disagree strenuously with the report," HHS Secretary Price said. "The CBO report's coverage numbers defy logic."

"If you're looking at the CBO for accuracy, you're looking in the wrong place," said the Press Secretary at the White House.

If that is not enough, just last week, the White House itself released a video saying that the CBO's score of the Republican healthcare bill is based on "faulty assumptions and bad math."

It is clear what is going on. This administration's war on science is not a myth. It is not fake news. If you want to know an administration's true priorities, you need to look no further than their budget, and if you look at the President's most recent budget request, you will see dramatic cuts to some of our most important scientific

agencies. This Senator has seen that in the jurisdiction of the Commerce Committee—in the NOAA programs and in the NASA programs.

The President's budget calls for more than a 30-percent cut to EPA. It calls for the firing of nearly one-quarter of its staff and the elimination of all funding for programs aimed at fighting climate change. Climate change isn't just about Florida nor is it a coastal State problem; it is a problem of the entire country. The extreme weather events caused by climate change affect us all. Droughts become more frequent, floods become more severe, and major storms like hurricanes and tornadoes become stronger and even more deadly.

The scientists at NOAA, the National Weather Service, NASA, and most of the other agencies, including our military, who study climate change aren't trying to create a mythical problem that doesn't exist. They are trying to solve real-life problems that affect all of us and that affect them in the carrying out of their duties.

They work at Federal agencies across the country with one goal in mind—to make credible, valid data publicly available for researchers, academic institutions, and businesses that use the information to better understand things.

I see the leader is here to speak. I will conclude with just a couple of thoughts.

These scientists know that we can't just stick our heads in the sand. Science doesn't work like that. Facts are facts. And the fact is that the Earth is heating up, and there is a reason for that, which I explained. If we don't do something about it, the communities that are already affected in my State are going to be communities all over the world. These are not alternative facts.

Yet, instead of helping these scientists do their work, some political leaders are using their positions to hide this information and to make it unavailable. We ought to be speaking out against it, and that is what this Senator is trying to do.

I have filed legislation to protect scientists' rights to speak publicly about their research—not to let them be muzzled—and to ensure that all agencies maintain their scientific integrity.

I hope we can stop this nonsense of hiding the truth. Let's stop this war on science. Let's accept facts as they are and then debate the issues, the policy. The American people deserve an open and honest government that works for them, not a government that distorts the truth to match its rhetoric.

I thank the Senate for indulging me, and I thank the leader for listening patiently.

I yield the floor.

RECOGNITION OF THE MINORITY LEADER

The PRESIDING OFFICER. The minority leader is recognized.

THANKING THE SENATOR FROM FLORIDA

Mr. SCHUMER. Mr. President, first, I want to tell my colleague from Florida

that it is always a pleasure to listen to him. He is erudite, well-researched, and passionate—always about a subject that matters.

On the subject he just spoke about, no State in our entire Nation has more experience with the frailties of this planet, given that it is heating up, as the Senator from Florida, given all the low-lying, heavily populated areas on the oceanside and the Gulfside. I thank him for his continued pursuit of these issues that are very important to every one of us.

WISHING SENATOR MCCAIN A SPEEDY RECOVERY

Mr. President, before I begin, for once I would like to express my hope—and I think the hope of every Member of this Chamber—that the senior Senator from Arizona, my good friend JOHN MCCAIN, has a full and speedy recovery from his recent surgery. There is no one who has done more to serve this country in this Chamber than JOHN MCCAIN. There is no one who is more passionate in his defense of our soldiers and our defense than JOHN MCCAIN. He is just an outstanding man and a very, very good friend. I admire him very much, treasure his friendship, and wish him the best. Godspeed to Senator MCCAIN and his family.

HEALTHCARE LEGISLATION

Mr. President, because of Senator MCCAIN's recent illness, it seems that it will be at least another week until the Republican majority forces a vote on the Republican TrumpCare bill. I would suggest to my good friend, the Republican leader, that he use this time to hold public hearings on the bill.

My Republican friends propose to pass legislation that would reorganize one-sixth of our economy and touch the lives of every American without a single hearing. Is that amazing? There has not been one hearing, even though we have been on the bill for 7 months now. There has been no opportunity to hear from experts in a public setting, let alone consider amendments.

So I say to my friend, Senator MCCONNELL: Let's use this extra week or extra weeks to do what Republicans should have done a long time ago. Hold public hearings and allow the stakeholders to come in and express their concerns.

Today we Democrats sent the leader a letter to make this request formally, and we will include a list of non-partisan stakeholders we believe should have a chance to air their views on the Senate Republican healthcare bill. These are groups known for their followings and for the good they do, known for not being political at all, like the American Cancer Society, the American Lung Association, the American Hospital Association, AHIP—the largest trade group for insurers—to name a few. Let's have these groups testify on the policies in this bill so that the American people will have a chance to hear what experts and patient advocates have to say.

I say to my friend, the leader: When you don't have hearings, when you try

to hide a bill, it usually results in poor legislation. That is what is happening now: a bill done behind closed doors by a handful of Senators—even Republican Senators didn't know what they were putting together. It doesn't work.

The wisdom of the Founding Fathers, the wisdom of this body through the centuries is to do it in public, have a discussion, have a debate, and the crucible of the legislative process will make it better. The suggestion we are making—obviously we oppose many parts of the bill; obviously so do the American people. But maybe something that would be said at a hearing would change things around.

Additionally, we ask the majority leader to wait for a complete score from the Congressional Budget Office before proceeding to his bill. The Republicans now have a week—maybe more—to get their bill scored by the nonpartisan CBO. They have no excuse to proceed to a bill of this significance without knowing its cost or consequence. Now that they have plenty of time to get that done, we Democrats hope there will be a full CBO score before a vote on the motion to proceed. We make these requests respectfully.

Let me just say one more thing about the CBO. The White House has had an awful tendency—when they don't like a fact, they call it fake, and they try to discredit the fact giver. We have never seen a Presidency like this. I say to my colleagues on the other side of the aisle: Don't let this infection spread to you.

CBO is a nonpartisan organization. The head of CBO was appointed by the Republican leaders of the House and Senate. To discredit CBO simply because you don't like the answer they give is not the American way. The American way is to debate the facts, not deny them, not call them fake because you don't like them.

Unfortunately, our President has made this a hallmark of his Presidency. Anything he doesn't like is fake, even though it is real. His son gives an email, gives a statement, and he says that is fake—what was said is fake. Let it not spread to this body. CBO is a respected organization, as I said, with leaders appointed by Republicans, not by us. Let's hear what they have to say, and let's take it seriously, even though we may not agree with the outcome of where their facts lead.

I would like to make some additional points on one of the more controversial parts of the Republican TrumpCare bill—the Cruz amendment. The Cruz amendment, by allowing insurers to sell junk insurance, would actually increase out-of-pocket costs on average Americans. Premiums might come down for some plans because insurers wouldn't have to cover very much, but the reduction in premiums would be more than offset by skyrocketing deductibles and copays. So the average American would be paying more, not less. The average American, or so many of them, would likely get junk insurance.

My friend Senator COONS of Delaware put it best when he said: Yes, we will sell you a car. It will be cheaper, but it will have no bumper, no steering wheel, and no carburetor. It will be cheaper, but it will not serve its purpose. It will not get you where you have to go. On these Cruz insurance policies, the insurer can say: no hospitalization, no payment for drugs. What good are they? It is a talking point, but it doesn't help people. It hurts them.

The Cruz amendment would also make insurance unaffordable for Americans who need it most, creating what even the very conservative American Action Forum says would be a death spiral in the marketplace. My friend the senior Senator from Iowa said the Cruz amendment would “annihilate the preexisting condition requirement.” That is not CHUCK SCHUMER or BILL NELSON speaking. That is CHUCK GRASSLEY, one of the most senior Republican Senators from the great State of Iowa, who says that. It is not fake. It is real, what he said. You can't wash it away.

The Cruz amendment winds back the clock in America to the days of the worst practices of insurance companies. It seems that the *raison d'être* of the Cruz amendment is to let insurance companies do whatever they want. In the 1890s, that philosophy may have governed, but America has learned under Republican and Democrat alike that it doesn't protect them. It would allow insurers to sell policies without the ban on preexisting exclusions, without covering essential health benefits, and without lifetime limits on out-of-pocket costs. It would even allow insurers to sell policies that include excessive waiting periods of more than 90 days.

If your kid has cancer, this policy in its fine print says that you have to wait 90 days while you watch your child suffer. What kind of freedom is that? It is freedom for the insurance company. It sure isn't freedom for the family with a child who is suffering.

I find that the Cruz amendment—and sometimes my good friend from Texas cares about freedom for very wealthy people, for millionaires. What about average people? You need freedom to be able to have your insurance company pay when your kid has cancer. You need to be free of that—that they can't pay or will not pay or that you have to wait 90 days. But the Cruz amendment blesses those kinds of restrictions. Remember, the Cruz amendment was added to a bill that slashes Medicaid in a way that would shatter protections for Americans in nursing homes, those struggling with opioid addictions, and Americans in rural parts of the country. The Cruz amendment is a cruel insult adding to a devastating injury.

We have another week or more before the Senate will vote on this bill. The Republican leader can spend that time trying to find new or ever more cynical ways to buy off necessary votes with

bailouts and giveaways to certain States, or he can do what he has promised to do repeatedly as majority leader—return this body to regular order, go through the committee process, have hearings and a robust amendment process—and, I dare say, the resulting product will be a lot better than the one we have before us. I dare say that is why the Founding Fathers set up a Congress—not to have a few people get in a room and rush through a bill that affects a huge percentage of the American economy.

“MADE IN AMERICA” WEEK

On another matter, Mr. President, the administration has termed this week “Made in America” Week. So I would urge every American to use this opportunity to look at the administration’s and this President’s “Made in America” record.

President Trump said in his inaugural address that his administration would follow two simple rules: “buy American” and “hire American.” But President Trump’s own businesses don’t even follow those rules. If you are going to preach something, start at home. Start at home.

Trump shirts and ties are made in China. Trump furniture is made in Turkey. While President Trump and his administration are importuning others to make it in America, maybe he should demand it of his businesses first.

The American people should also take a hard look at the Trump administration’s policies on the issues of trade and outsourcing. Again, the words in the President’s inauguration and his actions contradict each other, just as do the actions of his company. Earlier this year, President Trump refused to insist that pipelines and water infrastructure be made with American Steel. Buy American, hire American—why did he refuse to do that? We Democrats wanted it done. I think many Republicans wanted it done. If President Trump were serious about the “Made in America” Week, he would demand that Senate Republicans put Senator BALDWIN’s bill requiring that infrastructure be made with American Steel on the Senate floor.

Another example is the upcoming National Defense Authorization Act, prepared by the Republican majority. It includes rollbacks—actual rollbacks—to the “Buy American” rules. If President Trump was serious about “Made in America” Week, instead of a lot of show and a lot of talking, why doesn’t he oppose those rollbacks and threaten to veto any bill that dilutes or rescinds “Buy American” rules, which the Defense bill coming to the floor does.

So, again, as “Made in America” Week commences, I urge the American people to study the policies of this President and the practices of the businesses that bear his name, because, at least thus far, the Trump administration’s push for “Made in America” is a bit like Mr. Putin’s proposing a cyber security task force.

RECOGNIZING FRENCH PRESIDENT MACRON’S REMARKS ON ANTI-ZIONISM

Mr. President, I would like to applaud French President Emmanuel Macron for his comments over the weekend about anti-Semitism. “We will yield nothing to anti-Zionism,” he said, “because it is the reinvented form of anti-Semitism.”

President Macron is absolutely right. Anti-Semitism is a word that has been used throughout history when Jewish people are judged and measured by one standard and the rest by another—when everyone else was allowed to farm and Jews could not, when everyone else was allowed to live in Moscow and Jews could not, when others could become academics or tradesmen, and Jews could not. Praise God, it has not happened in America, but it was a hallmark of Europe.

The word to describe all of these acts is anti-Semitism. So it is with anti-Zionism. The idea that all other people can seek or defend their right to determination but the Jewish people cannot, that other nations have a right to exist but the Jewish State of Israel does not is also a modern form of anti-Semitism, just as President Macron of France said this weekend. Anti-Zionism, unfortunately, continues to bubble up in many different forms.

There is perhaps no greater example than the pernicious effort to delegitimize Israel through boycotts, divestment, and sanctions. The BDS movement is a deeply biased campaign that I would say, in similar words to Mr. Macron’s, is “a reinvented form of anti-Semitism,” because it seeks to impose boycotts on Israel and not any other nations, most of whose practices are abhorrent, far worse than the democracy of Israel, which recognizes people’s rights.

I hope that the States across this country will continue to push back against the BDS movement by boycotting the boycotters, as my home State of New York has done. I know that my fellow Senators on both sides of the aisle—this is an issue that has, thank God, not lent itself to partisanship—will join me in condemning this modern brand of anti-Semitism, as President Macron did this weekend.

Mr. President, once again, my thoughts go to Senator JOHN MCCAIN, to his speedy recovery, and to the respect that every single Member of this body has for him. We pray that his recovery is speedy, full, and permanent.

I yield the floor.

The PRESIDING OFFICER (Mr. LANKFORD). The majority leader.

LEGISLATIVE SESSION

Mr. MCCONNELL. Mr. President, I move to proceed to legislative session.

The PRESIDING OFFICER. The question is on agreeing to the motion.

The motion was agreed to.

EXECUTIVE SESSION

EXECUTIVE CALENDAR

Mr. MCCONNELL. Mr. President, I move to proceed to executive session to consider Calendar No. 170, John Kenneth Bush.

The PRESIDING OFFICER. The question is on agreeing to the motion. The motion was agreed to.

The PRESIDING OFFICER. The clerk will report the nomination.

The bill clerk read the nomination of John Kenneth Bush, of Kentucky, to be United States Circuit Judge for the Sixth Circuit.

CLOTURE MOTION

Mr. MCCONNELL. Mr. President, I send a cloture motion to the desk.

The PRESIDING OFFICER. The cloture motion having been presented under rule XXII, the Chair directs the clerk to read the motion.

The bill clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on the nomination of John Kenneth Bush, of Kentucky, to be United States Circuit Judge for the Sixth Circuit.

Dan Sullivan, John Barrasso, John Cornyn, Orrin G. Hatch, Ron Johnson, Chuck Grassley, Tom Cotton, Richard Burr, James Lankford, Lamar Alexander, John Kennedy, Cory Gardner, James M. Inhofe, Michael B. Enzi, John Thune, Todd Young, Mitch McConnell.

LEGISLATIVE SESSION

Mr. MCCONNELL. Mr. President, I move to proceed to legislative session.

The PRESIDING OFFICER. The question is on agreeing to the motion. The motion was agreed to.

EXECUTIVE SESSION

EXECUTIVE CALENDAR

Mr. MCCONNELL. Mr. President, I move to proceed to executive session to consider Calendar No. 100, David Bernhardt.

The PRESIDING OFFICER. The question is on agreeing to the motion. The motion was agreed to.

The PRESIDING OFFICER. The clerk will report the nomination.

The bill clerk read the nomination of David Bernhardt, of Virginia, to be Deputy Secretary of the Interior.

CLOTURE MOTION

Mr. MCCONNELL. Mr. President, I send a cloture motion to the desk.

The PRESIDING OFFICER. The cloture motion having been presented under rule XXII, the Chair directs the clerk to read the motion.

The bill clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby